



Office of the Vice Chancellor for Health Sciences
and Dean, School of Medicine

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252-816-2201 office
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July 29, 1999

Dr. Tatyana Ivanova-Nikolova
Department of Pharmacology
East Carolina University
School of Medicine

Dear Dr. Ivanova-Nikolova:

This is to confirm your agreement with Dr. Wallace Wooles, Chairman of our Department of Pharmacology, as outlined in the letter to you of May 5, 1999, that you will join our faculty at the rank of Assistant Professor for a term beginning August 1, 1999 and ending June 30, 2003. Your annual (twelve-month) rate for the initial year of appointment will be \$65,000, prorated for the initial year of this contract period. Salary rates for subsequent years of the appointment are subject to revision by the N. C. General Assembly. You will receive your first installment at the end of August, provided the paperwork is completed in time for that payroll.

The provisions of Appendix D (editorial revision effective March 1999) of the Faculty Manual entitled "Probationary Appointments" govern your appointment. This formally notifies you that you are subject to all terms and provisions of the Faculty Manual and that you are subject to all policies of the School of Medicine. As an Assistant Professor, your probationary term is seven years, excluding the period of August 1, 1999 through June 30, 2000 and consideration of two successive two-year appointments. The review process for permanent tenure will begin in the Spring term 2005. You will be notified before the end of the 2005-2006 year (June 30, 2006) whether or not permanent tenure will be conferred. A copy of Appendix D (editorial revision effective March 1999) of the Faculty Manual was sent to you along with your letter of offer by Dr. Wooles. Please refer to the enclosed schedule of personnel action dates for your appointment, contingent upon successful re-appointments and with no breaks in service.

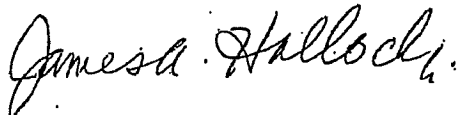
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This letter of appointment along with the Faculty Manual prescribes conditions of your employment. Enclosed is a copy of the Faculty Manual; note Appendix I which indicates university policy governing conflict of interest and external professional activities for pay.

New faculty must report to the ECU Human Resources Office immediately upon arrival in order to complete the final employment process and to be placed on the payroll. Please contact the Human Resources Office at 328-4255 for an appointment.

Please sign both copies of this contract letter and return one copy as soon as possible.

Sincerely,



James A. Hallock, M.D.
Vice Chancellor for Health Sciences
Dean, School of Medicine

cc: Dr. Wallace Wooles

Enclosures: Faculty Manual, AAMC Faculty Roster, SOM
Governance Code, Personnel Action Schedule, ECU
Conflict of Interest Policy and Forms

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I accept the terms set out in the letter to me of July 29, 1999. I also fully understand that my appointment as Assistant Professor, is subject to all terms and provisions of the Faculty Manual entitled "Probationary Appointments." I have read and understand the Faculty Manual. I further understand that my appointment is subject to all policies of the School of Medicine.

I certify that I have neither willfully provided false or misleading information nor failed to disclose relevant information in order to meet the position qualifications. I understand that willfully providing such false or misleading information or failing to disclose relevant information shall be grounds for later disciplinary action or criminal prosecution. I further understand that dismissal from employment shall be mandatory in any case in which a false or misleading representation has been made in order to meet position qualifications. (NCGS 126-30).

_____ I certify that I am not required to be registered with the Selective Service because (check one):

☒ I am a female.

_____ I am in the armed services on active duty. (Note: Members of the Reserves and National Guard are not considered on active duty.)

_____ I am under the age of eighteen.

_____ I was born before 1960.

_____ I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.

_____ I am a nonimmigrant alien.

_____ I certify that I am registered with Selective Service.

Tatyana T. Ivanova-Nilolova
Signature

08 - 02 - 1999
Date